

SECTION I – PROGRAM ADMINISTRATOR CONTACT INFORMATION

Name:	
Title:	
Address:	
Phone:	
Fax:	
E-Mail:	
EIN:	54-6001455

SECTION II - PROJECT INFORMATION

IDIS Project Name:		IDIS Project No.	
IDIS Activity Name:		IDIS Activity No.	
Project Location:		Census Tract(s)	

SECTION III - CDBG ELIGIBILITY

OBJECTIVE CATEGORY – CDBG Programs ONLY (√ check one)		
<input type="checkbox"/> Suitable Living Environment	<input type="checkbox"/> Decent Affordable Housing	<input type="checkbox"/> Creating Economic Opportunities
OUTCOMES (√ check one)		
Accessibility/Availability	Affordability	Sustainability/Livability Promoting Livable/Viable Communities
<input type="checkbox"/> Enhance suitable living environment through new/improved accessibility	<input type="checkbox"/> Enhance suitable living environment through new/improved affordability	<input type="checkbox"/> Enhance suitable living environment through new/improved sustainability
<input type="checkbox"/> Create decent housing with new/improved availability	<input type="checkbox"/> Create decent housing with new/improved affordability	<input type="checkbox"/> Create decent housing with new/improved sustainability
<input type="checkbox"/> Promote economic opportunity through new/improved accessibility	<input type="checkbox"/> Promote economic opportunity through new/improved affordability	<input type="checkbox"/> Promote economic opportunity through new/improved sustainability
National Objective (check 1)	Population to be Served (check all that apply)	
<input type="checkbox"/> L/M Area Benefit	<input type="checkbox"/> Extremely Low	
<input type="checkbox"/> L/M Limited Clientele	<input type="checkbox"/> Low	
<input type="checkbox"/> L/M Housing	<input type="checkbox"/> Low/Moderate	
<input type="checkbox"/> L/M Jobs	<input type="checkbox"/> Moderate	
<input type="checkbox"/> Slums/Blight	<input type="checkbox"/> Non Moderate	

SECTION IV – PROJECT DESCRIPTION

Please provide a brief project description. Include service location and specific activities to be undertaken.

SECTION V – PROGRAM INCOME DETERMINATION

WILL THIS ACTIVITY GENERATE PROGRAM INCOME?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IFSO, WHAT IS THE ESTIMATED AMOUNT OF PROGRAM INCOME TO BE GENERATED	\$ _____

SECTION VI – ACCOMPLISHMENT DATA

Depending on the nature of your program, please indicate the number of households OR number of people that will be served by your program:

If Households Served:	New
Number of Households	0
Number of Low-Moderate Households	0
If People Served:	New
Number of People	0
Number of Low-Moderate People	0
If Businesses Served:	New
Number of Businesses	0
Number of Small Businesses	0
Number of Minority-Owned/Women-Owned Businesses	0
Number of Women-Owned Businesses	

CDBG Criteria: Which CDBG criterion below does your proposed project meet?	
<input type="checkbox"/>	(1) Housing (Select subpart below):
<input type="checkbox"/>	(a) Single family (must be 100% LMI)
<input type="checkbox"/>	(b) Multi-unit (must be 51% LMI)
<input type="checkbox"/>	(2) Job creation: At least 51% of jobs for LMI persons.

Certification: To the best of my knowledge and belief, the data on this form is true and correct. This document has been duly authorized by the Director of Norfolk Department of Development. The Department of Development will comply with CDBG rules and regulations as well as federal and state regulations as applicable.

Signature – Director of Development

Date